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Chair

Mr. Neil Ellis

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● (1110)

[*English*]

The Chair (Mr. Neil Ellis (Bay of Quinte, Lib.)): I call the meeting to order.

Pursuant to Standing Order 81(4), the committee will now study the main estimates 2018-19 for the fiscal year ending March 31, 2019, minus the interim estimates the House agreed to on March 22, 2018. A number of votes were referred to the committee on Monday, April 16, 2018: votes 1 and 5 under the Department of Veterans Affairs; vote 1 under the Veterans Review and Appeal Board.

I'd like to welcome our Honourable Minister, Seamus O'Regan, Minister of Veterans Affairs; and General Walter Natynczyk (Retired), Deputy Minister of the Department of Veterans Affairs.

We'll start the discussion by calling on the minister. The floor is open and then we'll go to a round of questions.

Hon. Seamus O'Regan (Minister of Veterans Affairs): Thank you, Mr. Chair. I know we're tight for time given what is happening in the House, so I'll go at Newfoundland speed through my opening comments.

I think this is a different department from what it was three years ago. We are driven by a new vision and a sharp focus on the overall well-being of our brave Canadian Armed Forces members, veterans, and their families. We immediately reopened front-line points of contact closed by the previous government. We started staffing up after years of cuts. We brought benefits into line with where they should have been for years. Year over year, since we came into office, we have been committing more money to veterans' programs and benefits, ensuring more and better support for veterans and their families.

Our overarching purpose is to enhance the well-being of veterans so that they can make a successful transition to life after military service. Our commitment is clear. You can see it in these main estimates. An important consideration is that 90% of our budget, 90% of what you see in the numbers before you, go directly to veterans and their families.

The past three departmental budgets reflect the efforts we've made to make sure that we treat our veterans with the care, the compassion, and the respect they have earned. We have used our resources to reopen the nine Veterans Affairs offices that had been closed, and we opened a new one. We hired more than 460 staff across the country to deal directly with veterans and deliver services where and when they need them. We increased outreach in the north. We opened new operational stress injury clinics to help veterans with service-related disabilities.

We increased the amounts of benefits veterans received. We refocused them to address real-world needs. We continue to do that. As you will see, everything in the main estimates goes to improving the well-being of veterans and their families. For example, on April 1 this year, we launched eight new or enhanced benefits that address education and training, financial security, and families and their well-being. Really, they are all designed to enhance veterans' well-being.

The new caregiver recognition benefit provides a monthly payment to people who provide care to veterans with a service-related illness or injury, and we have expanded access to the military family resource centres for veterans' families. These new programs are central to the recognition of the importance of families and caregivers in veterans' quality of life.

For veterans, the department will pay for education and training to help them get the careers they want. If they want guidance about what path might be best for them, we're providing career counselling and job resources. Since April 1, 2018, nearly 400 veterans have been approved for the education and training benefit, and more than 350 CAF members and veterans are already working with career transition services. The new veterans emergency fund provides immediate financial support to deal with urgent and unforeseen circumstances.

Two weeks ago, I was able to announce that with the Royal Ottawa Health Care Group, we are setting up a centre of excellence on post-traumatic stress disorder and related mental health conditions. This centre will create and share knowledge of veterans' mental health treatments that work and place that knowledge directly into the hands of mental health professionals and others working with veterans on a daily basis right across the country.

Last December, I announced that we will fulfill another item in my mandate letter when we restore the pension for life option for ill and injured veterans by April 1, 2019.

I want to tell you about another driver of change at Veterans Affairs Canada. It's about listening to veterans, families, and their advocates. It's about hearing them and taking action on what they tell us. I have held town halls in provinces from coast to coast to hear first-hand the concerns and inputs of veterans and their families, and I will continue to do that through the summer. We have made, and continue to make, changes to respond to those concerns. We are continuing to improve.

For years, veterans have been telling the department that it can be difficult to navigate through all these programs and processes. We've improved our approach and our people are informing and helping veterans access the benefits they are eligible for. We reach out actively to the veterans community to make sure that they know what they're eligible to receive and then we help them get it.

The effects of this about-face are showing up in the numbers. The main estimates for the coming year show increased demand for treatment benefits. The reason for this is that more veterans are applying for and receiving benefits. That is a good thing. It shows that our increased efforts in communicating and reaching out are starting to have a positive effect.

In the coming year, we are enhancing our benefits and programs further. Recognizing costs for psychiatric service dogs in the medical expense tax credit will help veterans cope with things like PTSD.

● (1115)

We are not forgetting our commitment of keeping alive the memory of the achievements and sacrifices of the men and women who have served our country in times of war, conflict, and peace. This year, we are commemorating the centennial of the end of the First World War and Canada's contributions to the last hundred days that led up to the end of the hostilities. We will also mark the 65th anniversary of the Korean War armistice, and we're investing $24.4 million to eliminate the backlog in repair and maintenance of some 45,000 veterans' graves.

We're going to continue to listen to veterans to hear their concerns and to take action. We're going to hold more summits across the country, where veterans and their advocates can tell us their concerns, and tell us how they think we're doing.

Listening—it seems like such an obvious thing, a simple thing, and yet it is a very powerful thing. By following through on our promises, we are demonstrating our powerful commitment to those who have served Canada proudly.

Veterans today are not the same as the veterans of the 20th century. The needs of the veterans' community will continue to evolve. Their needs, and needs of their families and caregivers, will also evolve. This department will continue to evolve to ensure we are meeting their needs, enhancing their well-being, and helping them to successfully re-establish in life after service.

Thank you.

The Chair: Thank you, Minister.

I'm going to have to hold everybody tight to time. We are running a little bit behind.

We'll start with Ms. Wagantall for six minutes.

Mrs. Cathay Wagantall (Yorkton—Melville, CPC): Thank you, Mr. Chair.

Good to have you here, Minister, and Deputy Minister as well.

It would seem that unnecessarily complicating things is what sets standards for psychiatric service dogs back. One of your assistants tweeted on April 19, "There was no consensus on a new standard for all service dogs, so instead we're going to work with stakeholders on psychiatric service specific ones," as he put it, so that "veterans with PTSD have access—as quickly as possible".

Minister, I'm wondering if you're aware of the extensive research, specifically on service dogs, that's going on at both universities in Saskatchewan, with Audeamus, a veterans group. It stands for "May we dare". Really high-quality testing and research is going on. Are you planning to include them and their work in determining these standards? The level of standards here is phenomenal. Plus, these individuals working on this are providing these dogs free of charge to veterans. They're of the highest quality. Are you aware of them, and are you planning to incorporate them?

Hon. Seamus O'Regan: I'm not personally aware of them, Ms. Wagantall. By the sounds of it, yes, if it's as good as you say, then we'll include the best. The reason we had to take—

Mrs. Cathay Wagantall: That's fine. That's all I needed. I have a lot of questions for you.

I will provide you a bit of a brief, and contact information for them. If you'd be willing to have that, I think you would be really impressed.

Hon. Seamus O'Regan: Yes, please.

Mrs. Cathay Wagantall: Great.

With regard to the caregiver benefit, on a number of occasions, veterans and their family members have expressed to us at this committee that the eligibility requirements for the caregiver benefit are too restrictive. The requirements are effectively excluding veterans suffering with PTSD rather than physical ailments. We've heard that at this committee, on Facebook, and through the various veterans communities. As some have put it, more money is available, but fewer veterans can access it.

What is your response to these concerns? I'm sure you're seeing them as well.

● (1120)

Hon. Seamus O'Regan: I have some data ready for that, because I recognize that it's a concern that's been heard by this committee. My data shows that 42.5% of people with musculoskeletal issues have received a favourable decision for the CRB, and 45% of people with mental health issues have received a favourable decision. These numbers speak to the fact that veterans with mental health injuries are able to access these resources. To date, more than 250 individuals have been approved for the new benefit. As this committee well knows, we're talking about $1,000 a month paid directly to the veteran's caregiver. That's something that many veteran stakeholders had asked for, including some of those who have testified in front of this committee.

Mrs. Cathay Wagantall: Can you also tell me how many who were receiving it up until the new program are no longer receiving it, because they now don't qualify for the funding?

Hon. Seamus O'Regan: I know there are some who are in transition. There was some paperwork to be done, because it changed from the veterans receiving it themselves to the veteran's caregiver receiving it. As I understand it, about 75% of those have made the transition.

General (Retired) Walter Natynczyk (Deputy Minister, Department of Veterans Affairs): That's correct, Minister. In some cases, we're waiting for the veteran to determine who will be the caregiver, and then we get the appropriate information—banking information—so that the benefit goes directly to that caregiver. We're in a transition in that regard.

Mrs. Cathay Wagantall: I have heard from veterans who have that all set out and have been officially denied because they no longer qualify.

Hon. Seamus O'Regan: Do you mean veterans who were getting it before and who aren't getting it now?

Mrs. Cathay Wagantall: Yes. Some veterans currently have access to rehabilitation services and the earning loss benefit, even if their difficulties in transitioning to civilian life are not related to their military service. As of April 2019, veterans released for medical reasons unrelated to their service will no longer receive the earning loss benefit—meaning the income replacement benefit. As of April 2024, veterans released for medical reasons not related to their service will also be ineligible for VAC's rehabilitation services. That means that Veterans Affairs Canada will have to determine attribution of service for physical or mental health problems, as well as determine whether any difficulty in the veteran's transition is attributable to military service. Why establish this distinction for rehabilitation programs and the earning loss benefit?

Gen (Ret'd) Walter Natynczyk: Thanks for the question, Madam, which really focuses on the SISIP program in the Canadian Armed Forces. Again, under the Veterans Act, the minister is responsible for those veterans who have an injury attributable to service. Therefore, as of April 1, 2019, we'll be working with the Canadian Armed Forces on closing the seam and convergence to clarify those veterans who have an injury that is not attributable to service but who come under SISIP and those services under the pension for life program.

Mrs. Cathay Wagantall: Basically it's cleaning up so individuals who are getting those services now will have SISIP as their provider.

Gen (Ret'd) Walter Natynczyk: The SISIP program continues and that's why we're working very closely with the Canadian Armed Forces on the "closing the seam" effort. We want to make the whole transition much smoother while folks are in uniform, and we want to get the decisions while they are in uniform, so there is a clear bifurcation.

Hon. Seamus O'Regan: I would very much like to appear before this committee again, the next time with some tangible results of our collaboration—

Mrs. Cathay Wagantall: Okay.

Hon. Seamus O'Regan: —with DND and CAF on how we close this thing.

Mrs. Cathay Wagantall: So as of April 1, again, medical releasing veterans and their families will have access to military family resource centres—

Hon. Seamus O'Regan: Yes.

Mrs. Cathay Wagantall: —which is a good thing. However, why exclude veterans—I'll just ask the question and maybe you can give me the answer later—

Hon. Seamus O'Regan: Yes.

Mrs. Cathay Wagantall: —who are not medically released but who we know in time could end up with mental health and other issues and not have access?

The Chair: You're going to have to get back to us with that answer.

Hon. Seamus O'Regan: Yes.

The Chair: Mr. Fraser, please.

Mr. Colin Fraser (West Nova, Lib.): Thank you very much, Mr. Chair. Minister, thank you for being here today. General, thank you for being here. It's always good to see you both.

This committee, in its report on barriers to transition, put forward a recommendation for support for spouses and family members with the challenges they may face through transition. I know that this committee has heard from many folks across the country, including Lieutenant-General (Retired) Roméo Dallaire, who spoke on the importance of including the family and supporting them through the transition piece. I know the great work that military family resource centres do across the country. In fact, on Friday I was in my riding—

Hon. Seamus O'Regan: Yes.

Mr. Colin Fraser: —of Greenwood, Nova Scotia, and they were launching the veterans family program and talking about how they were going to do outreach throughout the region to make sure that people were aware of the good services that MFRCs provide. Can you speak to the investments in the estimates today to expand programming already going on at the MFRC's, and to the good work they are doing?

● (1125)

Hon. Seamus O'Regan: I've travelled across the country and visited several of the MFRCs. They are doing extremely good work. As we mentioned earlier, we've expanded access to ensure that there is uninterrupted access to these 32 military family resource centres. This goes, again, to closing the seam.

One of the things that Walt and I heard, tangible things about.... I grew up in 5 Wing Goose Bay and the base gym was kind of the centre of life. We didn't have an MFRC there at the time, but we had the gym and the gym is still a huge thing. So it's not just the MFRC's, but suddenly you're released and you can't go to the gym anymore. This sounds small, but it's where you see your buddies, it's where your wife or your husband may go, and sometimes they are involved with day care, children's activities, and those sorts of things. So it's just about getting rid of that abrupt end, which causes so much anxiety and can lead to a lot of other problems when it comes to transition.

The expansion of services at the MFRCs is a $147-million commitment over six years. In addition, I should add, we're putting $22.4 million over three years to better inform people of the services that are there. Some of that is for paid advertising. Some of that we'll get out through social media and general access points.

We're in the middle today. It's unfortunate that both of these events coincide, but that's how it happens. Today we have a full-day homelessness summit at the Delta Hotel, just down the street. We heard video testimony from one veteran who said, "I didn't know that the supports were always there. They just seemed hidden." I'm not saying that all the answers are already there. It's just that there are a lot of things, unfortunately, that people don't know about. That is a small portion of it, making sure people are aware these things are available. Where there are MFRCs, though, I expect that word will get out very quickly on bases and in surrounding communities.

Mr. Colin Fraser: Yes. I agree with that. Proactively informing veterans and their families about the services and supports there is important. The MFRCs do a good job, but the outreach they'll able to do through the veterans family program will be helpful.

You touched on the fact that Veterans Affairs is hosting a round table today on veterans homelessness. I know that organizations from right across Canada are here today to speak to that issue. In the main estimates, we see $1 million dedicated to the veterans emergency fund. I'm wondering if you can speak to how this and other programming made available will assist homeless veterans in crisis.

Hon. Seamus O'Regan: At the round table, you have some 70 organizations from across the country—some big, some small, some national in scope or ambition, and others extremely local. I was only there for an hour and a half before we had votes, but I would say that we are not there to talk; we're there to listen. Actually, I think the most exciting part of it is when they talk to one another. We're already seeing that dynamic around the various tables in the room.

Let me run through some of this for you. We have committed $4 million to the veterans emergency fund. As I think I mentioned to this committee before, one of the, I don't know, oddly humbling experiences was in my first brief with the deputy on my first day. The department, despite its vast budget, as members of this committee are well aware, doesn't have the flexibility to actually help an individual when we find out that somebody is homeless. I think members of the committee can take comfort in the fact that every single dollar seems to be earmarked. That's good from a taxpayer's point of view, and I'm happy to see that, but then we don't have flexibility.

We were relying on wills bequeathing funds. People will money for homeless veterans, but often under various conditions and often geographically specific. People want to help people in downtown Winnipeg, or people want to help people in Victoria. One of the deputy's jobs was just to figure out which trust fund or will bequeathment he could find to help a veteran get off the street, which was ridiculous. Now we have that flexibility. Certainly in a 24-7 news cycle, as soon as there's a news report that a veteran has been identified as homeless, everybody around this committee, and any Canadian, would say that we want to get him off the streets right now. Well, at least now we have the ability to act immediately. If they self-identify, we can worry later about where they served or whatever and just get them off of the streets immediately, which I think is really important.

To get back to the homelessness summit, generally speaking, as our colleague Adam Vaughan, parliamentary secretary, spoke to as well, this is getting people out of their silos so that we can really talk effectively about how we deal with this issue in order to eliminate it.

● (1130)

The Chair: Thank you, Minister.

Mr. Johns, you have six minutes.

Mr. Gord Johns (Courtenay—Alberni, NDP): Thank you.

Minister and Deputy Minister, thank you for being here.

The Veterans Affairs Canada website details the department's risk response strategy. As part of maintaining core services, the department admits the following:

> Veterans Affairs Canada may have difficulty providing timely, high quality core services and benefits to Veterans and their families while simultaneously implementing several new initiatives and programs from multiple Federal Budgets.

I want to underscore "core services and benefits".

Minister, I know that veterans appreciate that your government is trying to address the backlog of applications. However, I've heard from many veterans who are unaware of the benefits they are allowed to receive. You touched on that recently. Similar to the $42.8 million you've given to address the backlog over two years, I want to know your plan, and veterans want to know your plan, with regard to how many resources you need to make sure that veterans know about their benefits. As well, what is it going to take to reduce that backlog to zero? We still do not have an analysis of how you came up with the $42.8 million and what it's going to take.

Hon. Seamus O'Regan: I spoke specifically to the $22 million for communications to veterans, their families, and caregivers to make sure they're aware of the services that are available to them. I'm also keenly aware of the fact that this department, in terms of the benefits and services it provides, is going through an immense transition at the moment.

As I have said to veterans in various town halls, one of my key goals, and it's a personal goal of mine, is that much of what we do, whether it be pension for life, access to MFRCs, or easing transition and closing the seam, is alleviating anxiety. Anxiety can be a trigger for all sorts of things. There's anxiety with wait times and all these sorts of things. The irony is that with all these changes in new benefits and services, we're actually increasing anxiety. I'm hoping that's a temporary effect. It's just a lot of change to happen at once.

Mr. Gord Johns: My concern is that we're not resourcing what we need just to deal with core services. You're making a lot of promises to bring in new programs and whatnot, and we still haven't addressed the core needs in terms of the services and benefits that veterans need.

We saw huge cuts under the Conservatives in 2012. We're far from that number in terms of full-time staff at Veterans Affairs Canada who deliver services that veterans need. I know you committed this money, this $42.8 million. Is it for temporary jobs, or is it for permanent jobs in this department?

Veterans are concerned that we're going to be here again in two years.

Hon. Seamus O'Regan: Yes.

Mr. Gord Johns: They want to know there are long-term resources that are going to be applied to the department to serve veterans.

Hon. Seamus O'Regan: Yes.

Gen (Ret'd) Walter Natynczyk: What's terrific is the fact that veterans are getting over the stigma and are coming forward and asking for help. To see upwards of 20% to 30% more veterans coming forward and presenting is terrific.

We're in a catch-up game. We're trying to catch up, and that's where the backlog is coming from. We're going through the process now of legislation, Treasury Board submission, getting the approval, and then recruit, train, and deploy. There's a lot of concurrent activity right now.

We're anticipating the approvals through legislation. We're anticipating the Treasury Board approvals, because without the approval, I can't spend the money. At the same time, we're creating the pools of those candidates who are coast to coast—

Mr. Gord Johns: That's a political decision, the government committing long-term resources so that the funding is in place, right?

Gen (Ret'd) Walter Natynczyk: Right.

We're looking for the right Canadians to be able to bring into the front offices. I was just in Brandon and Shilo last week, again looking for folks to be able to serve in Brandon and on Base Shilo with the right skills.

However, the other thing we've learned just over the past two years is through the digital means, using My VAC Account, the fact that we were able to deploy the education and training benefit, as well as the career transition service, in a digital way. We're actually able to encourage folks to use a digital means so that their application and their approvals are much faster.

As the minister indicated, we already have now over 400 veterans who are in the process of getting the grant for education and training, and over 300 veterans in the career transition services program.

The long-term plan is that balance of face to face with great employees, but also digital, where folks can—

Mr. Gord Johns: I appreciate the innovation and the efforts made to be innovative. When you talk about catch-up, you've identified that it's because more veterans are coming forward, but also you're playing catch-up because there were huge cuts to the department in 2012. Those cuts are going to create a backlog.

What we're hearing is that the department is not adequately resourced to deal with the backlog from 2012. When you have cuts such as that, of course you're going to be cutting in terms of service levels. We saw that with the ratio. The government made a promise to get to 25:1. You're not there yet. What is it going to take to get to those ratios and to get the backlog to zero? We're still not getting those answers.

That's what I'm saying. Again, looking at the website, you have been told by the department that they're going to have difficulty providing core services. I would like to see the department come back with what you need to make sure you're delivering the mandate.

My next question is around the lack of post-traumatic stress injury treatment. We know the significant contributing factor to some recent deaths by suicide of our veterans has been the need for PTSD centres. We heard from veterans loud and clear that they want residential care. We appreciate the new funding that's going into research. Everybody does, and I want to commend the government for that, but we still haven't heard any news about a residential care facility.

In my understanding, the government committed to at least two centres, but the need is probably greater. We're hearing that four centres are needed, some regional centres certainly, and maybe some that could be culturally appropriate for indigenous peoples.

Is the government moving forward with a commitment to create a residential care facility for people suffering from PTSD?

● (1135)

Hon. Seamus O'Regan: There are two things. I want to bring up a very important point based on your earlier question. An important secondary aspect of the education benefit has been digital outreach, so we've been able to plow through this a lot sooner.

Mr. Gord Johns: Yes.

Hon. Seamus O'Regan: When you say we're not exactly sure, or we can't tell you exactly how we're going to carry that backlog and make sure it's sustainable, we're still actually waiting to see how big the uptake is on electronic delivery. So far, it has been tremendous. That's an important variable that we haven't had to deal with before.

Going back to PTSD, because I want to get to the question—

Mr. Gord Johns: Minister, the main question is—

The Chair: I'm sorry. We're out of time.

Hon. Seamus O'Regan: I think we have to get beyond the idea of residential care, but I can—

The Chair: Perhaps you could get back to us on that question.

Hon. Seamus O'Regan: Yes.

Mr. Gord Johns: That's the most important question I had. I asked it a minute ago.

The Chair: He will get back to us.

Mr. Gord Johns: It's just a yes or no. Are you going to be—

Hon. Seamus O'Regan: Inevitably we will get to PTSD again, I'm sure, but in regard to residential care, we can talk about that later.

The Chair: Ms. Lambropoulos.

Ms. Emmanuella Lambropoulos (Saint-Laurent, Lib.): Thanks for being with us today, Minister, to answer our questions on the estimates.

Currently we're doing a study on indigenous veterans and we know that much of the homeless population in Canada consists of veterans, and that many of them, especially in Montreal, where I live, are actually indigenous as well.

Right now, today, we have a round table. I know that we already mentioned this, but I'd like to know if we're including communities from all across the board and what we are expecting from this round table today.

Hon. Seamus O'Regan: We are indeed. There is representation from across the country, as I said, of some 70 organizations. The important thing, which will come out as everybody is talking to one another, is again the solutions that each one has found unique to their circumstances. I'm anxious to get back there and to spend as much time as I can there today.

We can talk about indigenous veterans, and there are particularities with indigenous care that are common across the country, but there are also specifics whether it be the north and what parts of the north, whether it be Winnipeg versus Saskatoon versus Halifax. That's why drawing upon local expertise is especially important. There are commonalities that people will reach and things that governments will learn from one another, and then there are some things that are extremely specific.

We don't have all the answers on that but what we can do is help support those who do.

That's why the family well-being fund is very important. I'm not keen on the name. I never have been because it's a bit innocuous, but really it is an innovation fund so that when you have great ideas, whether in a particular city or town or whatever, indigenous or otherwise, and they seem to be working, we can put money toward them to see whether or not they could work on a larger scale, to see if they are something that could perhaps work across the country or in similar communities. That gives us a tremendous advantage.

Gen (Ret'd) Walter Natynczyk: I can also add that I appreciate the work you are doing in studying aboriginal veterans' issues, especially as many of our veterans, after extraordinary service in the Canadian Armed Forces, return to their communities which are often remote, and therefore the difficulty of providing them with a full suite of support is always a real challenge. The fact is thousands have served in both world wars, and in peacekeeping missions continuing to this day, so their problems are really unique.

It is terrific that we have the aboriginal veterans association, which is represented at the summit today. Aboriginal veterans are represented on all of the minister's advisory committees and substantially in the summits whether they be regional summits or the national summit. Their voice is very loud and clear in all of the outreach that we are doing with different veterans' communities.

With regard to service in the communities, we not only have our offices fully staffed but then are also able to use electronic means, whether between Veterans Affairs and the veterans or in fact between mental health practitioners. We are encouraging the health authorities across the country with whom we partner for the treatment of mental health. We have 4,000 mental health practitioners coast to coast who deal with veterans on a daily basis. We also have 10 stress injury clinics, including one residential at Ste. Anne's Hospital, leveraging telemedicine and telehealth. Whether the veteran be in a remote community, say, in northern Manitoba, or whether that serving member be on CFB Shilo, we can connect the psychiatrist, psychologist, and mental health nurse with them no matter where they are across the country.

We have to get better at that and up our game because no matter where these folks are, we need to provide them with a standard level of service.

● (1140)

Ms. Emmanuella Lambropoulos: Thank you very much. That's really great to hear. It's obviously very important to make sure that all veterans have equal access to service, and this is one of the main issues. Hopefully we can come up with some good solutions today.

I know that $6.5 million has been set aside for the caregiver recognition benefit, and another $4.9 million for education and training, and there are many other benefits that are included in the estimates.

I'd just like to know if there is a specific plan on how we are intending on getting his out to the public to make sure that every veteran and their family benefits from this program.

Hon. Seamus O'Regan: I think the first thing we've done is attempt to change the culture of our front-line staff, which is something I think we talked about. I went to Charlottetown on day two, I think, and spoke to them. I think I might have mentioned this to the committee the last time I appeared here, but it's important to reiterate that we want them to be proactive. Don't hide the benefit of service because we're looking after the bottom line. Obviously, we want to keep an eye on that, but it's really important that we put the benefits and services in place to make sure people can avail themselves of them, right?

We're letting our front-line staff know to ask the questions they need to ask to make sure the veteran or caregiver or family member is availing themselves of everything we're working hard to fund for them. Hopefully, that culture change.... Actually, it's not hopefully: that culture change is taking effect, because word has gotten out.

There are days that, as minister of this department, I can tell you that Facebook and Twitter are the bane of my existence, but it can be very effective on the flip side in getting the word out; and the word has gotten out that (a) these new benefits and services are available, and (b) we will work hard to make sure you get them.

The Chair: Thank you, Minister.

Mr. Eyolfson, you have six minutes

Mr. Doug Eyolfson (Charleswood—St. James—Assiniboia—Headingley, Lib.): Welcome back, Minister and Deputy Minister.

I'm assuming we're over our jet lag from Korea. I was honoured to be on that trip with you and Mr. Johns and Mr. McColeman. It was a great experience.

On the study of various transitions, we identified something that, although it is a policy in the Canadian Armed Forces, has a direct effect on veterans. You being, of course, the associate minister of defence, I thought this was germane.

We talked about the concept of universality of service and how that seemed to be having a great deal of negative effect on a lot of veterans who might have been able to serve in some capacity, if not a 100% deployable capacity. Our recommendation in our report on transition was that the CAF apply a measure of flexibility to the concept of universality of service for selected members.

From the defence department we received a reply that they were going to review this and compare jurisdictions that have something like it, like the United States, Australia, and New Zealand. Have you been able to take any steps on it so far? Have you been able to review this or have any updates from your point of view on this?

● (1145)

Hon. Seamus O'Regan: I'll speak briefly to it, and then I'll have the deputy speak to it. I have spoken with the chief of the defence staff, and I think it's fair to say that he understands the importance. Universality of service is something that's kind of accorded to the military, and a former chief of defence staff would probably be better to speak to that than I.

However, seeing if we can attempt some flexibility here is something I think General Vance is looking at, because, ultimately, what that can provide us is putting the best people in the best places.

Mr. Doug Eyolfson: Yes.

Hon. Seamus O'Regan: If we have somebody who's unable to physically serve or has a particular mental capacity in which they can do some things but not others, is there room within the Canadian Armed Forces for them to do some things but not others? Is that possible? That is something we're deep-diving into, and he's open to it. Would that be fair to say?

Gen (Ret'd) Walter Natynczyk: Again, I don't want to go outside of my lane, having worn the uniform before. It's General Vance's lane, but I would say that what he's coming to grips with is the fact that, for some illnesses and injuries—and you have a medical background—the access to medical care, if you're on a deployment, becomes a bit of a challenge. So, perhaps someone with an ailment could not be deployed, say, to a place on the other side of the world but could fulfill many functions here at home.

That is what I think the Canadian Armed Forces is coming to grips with. You have folks who are extremely talented—in fact, there's been millions of dollars of investment in the skills, the talents—and these folks have proven leadership skills, proven dedication, and yet because of whatever ailment, we cannot put them into an austere environment, say, in Africa or South Asia without a physician or a complete medical practice around them; and yet they can fulfill extraordinary roles for us here in the country, and I think that's what he's dealing with now, sir.

Hon. Seamus O'Regan: Yes.

Mr. Doug Eyolfson: Thank you very much. Let's change gears.

We've been hearing a lot about challenges veterans face with service delivery in rural and remote areas. Frequently, a lot of that is due to lack of physicians in a lot of these areas. It's not something that's unique to veterans. It's certainly hard to find a family doctor for anyone who lives in a small town in say northern Manitoba or Saskatchewan. It's even harder to find physicians who would be trained to deal with some of the unique aspects of veterans, such as PTSD and that sort of thing.

Could you speak to the investments from the estimates to address this?

Hon. Seamus O'Regan: Walter is whispering in my ear and this is something that we've heard particularly acutely in Belleville and in the Kingston area, although I think it applies to anywhere across the country. It just happens that they seem to be particularly vocal there. Access to regular physicians is part of a larger issue, and not just in remote and rural areas. Friends of mine who have lived in Toronto for 10-plus years don't have a regular family doctor and continue to rely on walk-in clinics. It's increasingly difficult to find a GP in this country. What I won't abide by and what we're attempting to rectify is having our veterans discriminated against by doctors because they don't want to have to fill out 40 pages of paperwork.

If veterans are having an even more difficult time than most Canadians finding a regular family physician, then we have a problem. We're attempting to see how we can streamline that and make things easier. It gets into the broader transition piece as well. If somebody had a regular family doctor or a regular doctor while they were in the military, how can we make that transition a little easier once they leave? Right now it's not only getting a different doctor, it's finding a different doctor. Then it's the file transfer. It's a lot to pile on. Where can we ease that? I think that's top of the list.

The Chair: Thank you, Minister.

Mr. Brassard, you have six minutes.

Mr. John Brassard (Barrie—Innisfil, CPC): Minister, thanks for being here. Time is short so I'm going to ask some very pointed questions and I would like some pointed answers to them.

What is the utilization rate of the veterans emergency fund today?

● (1150)

Gen (Ret'd) Walter Natynczyk: I don't have that detail with me, but our officials who are appearing right afterwards will have that information.

Hon. Seamus O'Regan: We'll get it.

Mr. John Brassard: In the 2015 platform, Justin Trudeau promised that veterans would never have to fight their government in court for the benefits and compensation that they've earned, yet Order Paper question 1502 that was just tabled shows that from January, 2016, to January 31, 2018, $37 million was spent on veterans lawsuits.

Can you confirm whether since 2015 the Department of Veterans Affairs has taken veterans to court?

Hon. Seamus O'Regan: Is it for veterans lawsuits or is it generally? A lot of that money, as I understand it, goes to veterans representation for the Veterans Review and Appeal Board.

Mr. John Brassard: According to the Order Paper, $37 million has been spent.

Hon. Seamus O'Regan: A large part of that is VRAB. I would just remind members of the committee that we're the only jurisdiction, the only country, that I'm aware of that pays for veterans to fight their government on appeals for benefits.

Mr. John Brassard: The question is whether, since 2015, the Department of Veterans Affairs has taken veterans to court.

Hon. Seamus O'Regan: We've represented ourselves.

Mr. John Brassard: Have you taken veterans to court? Representing veterans and taking them to court court are two different things.

Hon. Seamus O'Regan: I don't think I need to remind the honourable member that we inherited a few things. We continue to have to represent ourselves in court. If there are veterans or veteran organizations that want to take us to court then they will, and I can't do anything about that other than make sure the Government of Canada and this department are represented.

Mr. John Brassard: What I'd like, Mr. Chair, is for the minister and department staff to table information about lawsuits with respect to veterans, on both the government taking veterans to court and on the utilization of VRAB. I would like that to be tabled for the committee if possible.

The second question I have is with respect to the measures announced in budget 2018. The budget documents indicate that the ongoing cost of the pension for life will be $112 million. That's in the budget plan, page 216, note 1.

What is meant by the ongoing cost of the pension for life proposal? What do you mean by that?

Gen (Ret'd) Walter Natynczyk: Sir, again, the detail can be provided by the officials right after me.

With this pension for life, we're kind of doing what we've done for the education and training benefit and the career transition benefit, which is leveraging both the face-to-face contact and digital. We're actually creating an online capability so that we can move forward with digital applications, providing much faster service for folks, but then with additional adjudicators because we have to do the calculation for the approximately 72,000 veterans who have been clients since April 1, 2006. Some of those calculations can be done in an automated way. With some of them, because of the complexity —and there might be a number of different applications—we actually have to do them in an analog way. Plus there are all the digital application processes.

Hon. Seamus O'Regan: This gets back to the retroactivity, making sure that the people who already receive lump sums receive the same amount if they apply for the pension for life now.

Mr. John Brassard: But according to the budget documents, if I'm reading this correctly, it means that the department is calculating an additional cost of $112 million a year for those monthly pensions. Is that the way I read it, or is it different from that?

Gen (Ret'd) Walter Natynczyk: It's an increase in the amount of money going out the door to veterans, especially those with serious injuries and those who were injured earlier in their careers.

Mr. John Brassard: The calculations I've seen with respect to the pre-Veterans Charter situation is that if we were to return to it and live up to what the Prime Minister promised in the last election, it could be anywhere from $30 billion to $35 billion. Something doesn't reconcile here. You've either rehashed a lot of the existing programs into this pension for life option that you speak about, or you've returned to the previous pension. Which is it?

Hon. Seamus O'Regan: First of all, let me be very clear that the Prime Minister has said that we would go back to a monthly pension, and we are back to a monthly pension, and it will be quite generous I think. It's certainly more generous, and for life and tax-free. That's what we intended, and that's what we will deliver.

Mr. John Brassard: Based on the budget document, Minister, you're suggesting that it's only going to cost $112 million a year.

Hon. Seamus O'Regan: No. I'll make sure that our officials get back to you with the exact numbers, but I'm pleased that we are fulfilling our campaign promise.

Mr. John Brassard: The last question I have is with respect to the $7 billion slush fund in the Treasury Board. It speaks of $21 million for better services for veterans, $43 million over two years. None of that money exists in the current departmental plans. Why is that?

● (1155)

Gen (Ret'd) Walter Natynczyk: We can't put those amounts in until they're approved. We can't put any of the pension for life funds into the plans until they've been legislated and we have the Treasury Board submissions. Then we put them in following those approvals.

Mr. John Brassard: Robert, do you have something to add?

Mr. Robert Kitchen (Souris—Moose Mountain, CPC): Thank you.

Minister, this government has talked throughout about setting up three centres of excellence across this country. You made a big announcement of one, putting $17.5 million toward it here in Ottawa. We've heard and you've heard from our veterans throughout that they want in-patient facilities where these people with PTSD are being addressed. You've created an academic institution with this $17.5 million. By the way, the estimates only talk about $500,000. You've made that choice to go...and you said earlier here today that you believe we need to get away from in-patient facilities—

Hon. Seamus O'Regan: It's a very deliberate choice on my part.

Mr. Robert Kitchen: The veterans say they want it. You're saying not.... At what point have you communicated that message to the veterans who voted for you, based on the fact you had said there would be three centres of excellence where they would be getting treatment for PTSD?

Hon. Seamus O'Regan: Mr. Kitchen, I've repeated it every chance I could get, and I'll tell you why. If I'm living in Kingston, I want an in-house facility in Kingston, and if I'm living in Tofino I want an in-house facility in Tofino.

Mr. Robert Kitchen: Yet here right now you just said we have to move away from them.

Hon. Seamus O'Regan: I want a centre of excellence that will address the country's needs, and that people from across the country —

Mr. Robert Kitchen: So you're going to put a centre of excellence that creates academics—

Hon. Seamus O'Regan: No, I have a centre of excellence that will provide research and development—

The Chair: Excuse me.

Mr. Kitchen, can you let the minister answer?

Hon. Seamus O'Regan: —that will be applicable to everybody across the country, because as somebody who grew up in a remote military community I can tell you that an in-house facility in Kingston or Ottawa or Vancouver or wherever does not affect me, and if I have a certain number of dollars, I'm going to make sure it has outreach to every community and every Canadian veteran whom I can hit with maximum impact.

The Chair: Thank you, Minister.

You're out of time, Mr. Kitchen.

Mr. Robert Kitchen: I live in a rural community and these people do not get good service, and they're asking for them.

The Chair: Mr. Bratina, you're next.

Mr. Bob Bratina (Hamilton East—Stoney Creek, Lib.): Thank you.

I'd like to know something about keeping track of the vets. In our recent tour we were in Beauval, Saskatchewan, and the minister will know that I encountered a 98-year-old veteran of Sicily, Italy, who had walked over 100 miles to enlist back in 1939. I wonder, Minister, is there a data bank where you can punch up the name of Louis Roy and determine that he's still alive.

I've been looking up the stats on older veterans, and the latest one I have is from StatsCan 2017. About 50,000 Second World War veterans were still alive. You'd probably figure it's 40-something now. These are very elderly individuals who may need very serious care for themselves. Do we know who and where they are? How do we identify them? How do we keep track of those folks?

Hon. Seamus O'Regan: I will let the deputy get into the specifics of it, but I will say that this will be one of the great secondary benefits of pension for life. We will have constant contact with veterans now.

What happens sometimes with the lump sum is that you lose touch. I think, actually, this is going to have a significant impact on the homelessness situation as well, because in order to get the money to you, we have to be in constant contact with you. This is important for a number of reasons. First and foremost, it's so that as people's medical or financial conditions change, we have some idea of what's going on with them. That's very important. Also, from their point of view, it's the constant recognition of their service. There's something to be said for getting something in the mail or even seeing a certain amount electronically deposited into your bank account every month. It's just a constant reminder that you are valued and recognized.

It's something that spills over into the caregiver recognition benefit as well.

Gen (Ret'd) Walter Natynczyk: Can I just add, and say exactly with regard to the pension for life, that now we will have that monthly connection between the department and those new Veterans Charter veterans.

For those under the old Pension Act prior to April 1, 2006, we would know about your 98-year-old veteran if he was actually a client of Veterans Affairs and he came to us.

Often, for some of these generations of veterans, as you can imagine, they're independent and don't want help from anybody. We had an incident here in the city. You might have heard about the 100-year-old veteran who had a break and enter at his home. This fellow had been a lieutenant-colonel and had landed at D-Day. He had been the deputy minister of six departments. After this attempted murder of him, we rolled in and asked, can we help you? And he said, back off. I'm fine. This guy had been a former deputy minister of Veterans Affairs. He said, I'm not a client. I'm good. So we need to reach out when these veterans want to come to us.

When we opened the office in Prince George, British Columbia, I was at the opening of that office last spring, and there were three door crashers there.

One veteran is a 94-year-old Royal Canadian Air Force World War II veteran. He was at the front door, and said, "I don't need any help at all. I'm living 200 kilometres north of here on a 250-acre piece of property. I have no electricity and no water, and someday they're going to take my driver's licence away from me and I just want to make sure you're here."

● (1200)

Mr. Bob Bratina: Wow!

Gen (Ret'd) Walter Natynczyk: This is just to say that for some of these folks, it's a question of when they want to present.

For some of them who are coming forward for the first time—even though they're World War II or Korean War vets, they're coming forward for the first time—especially for a mental health injury, as we deal with stigma, we will now know where they are. Or they will come to us just before they need long-term care. Again, the door is open to them coast to coast.

Mr. Bob Bratina: Was I going to share with Mr. Samson?

The Chair: Yes.

Mr. Samson, you have two minutes.

Mr. Darrell Samson (Sackville—Preston—Chezzetcook, Lib.): Thank you, Minister, for being here today. Thank you, General.

We don't have much time, of course. They left me to the last here, so I'm tailing on what's left. I'll have to hit questions, and perhaps you can provide me with some answers.

The centre of excellence is a big piece of what I think is important. Regarding its structure now, I'd like to see how provinces that are leaders in research and veterans, like Halifax for example, fit into that centre of excellence. What is the communication? How can we identify and make sure that the best practices they may have or that may come up nationally can be shared so that, through OSI or other programs, we're able to support our veterans?

Second, as you noted, we see an increase in the number of requests, a 32% increase in the number of people, and we know it's because we're doing a better job at awareness. Do we have those numbers as far as regions are concerned and indigenous veterans? Of the 32% increase, how many come from what province? Are they rural compared to urban, and do they include indigenous veterans?

My final question is in regard to the $26.3-million investment for the Canada remembers program and Last Post. What types of services do these organizations provide for veterans? That would be my only question. The other stuff you can send in.

Hon. Seamus O'Regan: I'll begin with the centre of excellence and just say that the whole intention of it was.... You have to hang your shingle out somewhere, and it will be at the Royal Ottawa. The whole idea is that this is shared information right across the country that will empower front-line medical professionals, and we have some 4,000 at our disposal. This will further information and research and development on PTSD and related mental health issues, and that will empower all the front-line staff we use right across the country. That communication will run two ways.

Mr. Darrell Samson: I'd like it to run two ways, such that the expertise and best practices in the provinces—

Hon. Seamus O'Regan: Mr. Samson, I'm not territorial about this at all. That was the whole point of it, so it will be two-way.

Gen (Ret'd) Walter Natynczyk: I just want to reinforce what the minister indicated. You'll be aware that the department runs 10 operational stress injury clinics coast to coast, which are outpatient. In Ste. Anne's Hospital in Sainte-Anne-de-Bellevue, Montreal, we have a residential program, and we fund veterans going into residential programs coast to coast.

When we worked on the centre of excellence, we went to our American friends, who run their own medical system with 1,500 point-of-service hospitals and clinics for their folks. They have created centres of excellence across the country. They found out that it is better to have a combination of physical locations and virtual networks with respect to centres of excellence. For example, their PTSD centre of excellence was in Vermont, but that wasn't enough. It was just one location for research. They needed to network all of the best minds across the U.S. and internationally, because the challenge is upping the game of all the practitioners.

In our country, as I mentioned, we run 11 OSI clinics, both outpatient and residential, and we're connected to seven operational stress injury clinics run by the Canadian Armed Forces. We are partnering with all of the provinces from Nova Scotia to British Columbia—

● (1205)

Hon. Seamus O'Regan: And Newfoundland.

Gen (Ret'd) Walter Natynczyk: And Newfoundland, sorry.

The Chair: I'm sorry. We're over our time here.

Gen (Ret'd) Walter Natynczyk: We're trying to up the game of 4,000 mental health practitioners.

The Chair: Thank you. That ends the time for this panel. We have another panel waiting.

On behalf of the committee, I'd like to thank both of you—

Hon. Seamus O'Regan: Thank you, all, very much.

The Chair: —for testifying and for all you're doing to help.

I know some questions weren't answered, but I'm sure your department will get back to the committee.

We'll break for a few minutes. Thank you.

●

_____ (Pause) _____

●

The Chair: I'll call the meeting back to order, please.

In the second part of the meeting, we have the pleasure of having, from the Department of Veterans Affairs, Charlotte Bastien, Acting Assistant Deputy Minister, Strategic Oversight and Communications; Bernard Butler, Assistant Deputy Minister, Strategic Policy and Commemoration; Michel Doiron, Assistant Deputy Minister, Service Delivery; and Elizabeth Stuart, Assistant Deputy Minister, Chief Financial Officer and Corporate Services.

We'll start with questioning, and Ms. Wagantall is up first.

Mrs. Cathay Wagantall: It's good to see you again. Thanks for being here.

I'd like to talk about the monthly pension side of things to get a little clarity there.

The maximum lump sum amount is $360,000, with a monthly payment of $1,150. Nothing else has changed as far as determining the lump sum amount is concerned. It's tax-free, and determining the degree of disability hasn't changed.

However, under the Pension Act previously, which had exactly the same objectives, the amount was $2,793 for a single individual without children. Here we're looking at $1,150. What's the rationale for that?

● (1210)

Mr. Bernard Butler (Assistant Deputy Minister, Strategic Policy and Commemoration, Department of Veterans Affairs): Under the pension for life framework there are basically three elements to be considered. The first part of it is converting the disability lump sum award to a monthly pain and suffering compensation award. That's the $1,150 you're referring to.

The second element of it is again a non-taxable benefit, the additional pain and suffering compensation award, which will be paid to the more seriously disabled veterans who are experiencing permanent and severe impairments that are creating barriers to re-establishment. That benefit will be paid according to the degree of impairment at three grade levels: $500, $1,000, and $1,500.

Then, in addition to those two non-taxable pain and suffering compensation elements, there will be a third element, the new income replacement benefit element, which is 90% of pre-release salary, adjusted and so on.

It's very important, when we look at the pension for life proposal, to consider it as three elements. It's the sum of the whole. It's not a single element that is to be considered.

Mrs. Cathay Wagantall: Okay, so the $3.6 billion that's been announced is not in line with the amount that's actually being paid out. I think that's where there was some questioning with the minister as well. The amount presented, at $3.6 billion, is on an accrual basis, but when you look at the cash basis, it shows that the actual expenditure is the lesser amount over several years. Instead of a lump sum, it will actually save the government over $1 billion in six years. That's when you look at the cash amount for this payment versus what's presented in the budget as an accrual amount of $3.6 billion.

Rear-Admiral (Retired) Elizabeth Stuart (Assistant Deputy Minister, Human Resources and Corporate Services Branch, Department of Veterans Affairs): I would start by stating that the pension for life has not yet received approval. I acknowledge it was announced in the budget. It's not part of the main estimates, but I can provide an explanation of the investment calculation should you wish.

The $3.6 billion investment in the pension for life announced in the 2018 budget is not in line with the amounts to be actually paid out in the upcoming fiscal years. As has been alluded to, the difference is explained in a note in the budget plan. The amount of $3.6 billion over six years is presented on an accrual basis. The accrual basis means that essentially every year Veterans Affairs Canada reassesses the client base. We work very closely with the Office of the Chief Actuary on costings, looking out 60 years and comparing what the current client base has in terms of the status quo versus the new policy.

Mrs. Cathay Wagantall: I just want to clarify. You went to the year 2022-23, whereas if you had gone further, the amount announced would be lower than $3.6 billion.

RAdm Elizabeth Stuart: That's because the investments do not in any way mean that the Government of Canada will have spent the $4.2 billion that was on the table in the budget letter in 2017-18. The initial investment that is booked in the accrual accounting represents the additional investment of all currently eligible veterans. Every single one of them immediately receives the entire amount payable by the government until death.

Over the subsequent fiscal years, in the accrual tables, the amount is negative, meaning that it will cost less than what was already payable as a disability award. If the government had presented the fiscal years after 2022-23, the total investment would have been lower than the $3.6 billion announced.

I would be pleased to provide a written comparison of the accrual accounting amounts versus the cash amounts that are actually paid and received by veterans in a fiscal year.

● (1215)

Mrs. Cathay Wagantall: Right. This is something that upsets veterans when they hear these numbers, correct?

RAdm Elizabeth Stuart: Yes, it's complex.

Mrs. Cathay Wagantall: We make these big announcements about the billions we're spending, but then you look at the actuals and they're very different numbers. That's where, a lot of times, our veterans are feeling very misled by the amounts of money that it appears are being spent on their programs. I just want to make that statement.

RAdm Elizabeth Stuart: I can understand that.

We do a careful walk between the accrual numbers and the cash numbers, and we can provide some background information to clarify that as well.

Mrs. Cathay Wagantall: Also, the new additional pain and suffering compensation to be available April 1, 2019 will be tax-free, unlike the career impact allowance, albeit it is not in the budget right now. When you look at the numbers on this benefit for disabled veterans—which has three grades and it's tax-free—the amounts being given are less than were given under the old program. I'm assuming that the lower amounts are because it's tax-free and they're not having to pay the taxes. So really, it's not a new program. It's the same amount of money less having to pay the taxes. Would that be accurate?

Mr. Bernard Butler: No, how I would frame it for you to better understand it is that, over a number of years, the old career impact allowance received a fair amount of criticism from stakeholders and the ombudsman when it was originally framed as the permanent impairment allowance. The issue was that the policy rationale was related to trying to ensure that we were addressing issues around the impact on careers associated with severe disability.

With this new program, the additional pain and suffering compensation, you're absolutely right that a big portion of it is that it is tax-free. It's actually approximating the CIA under those grade levels. The other thing that's very important is that the career progression factor has now been built into the income replacement benefit, so that veterans are actually going to benefit on both sides of the equation—the non-taxable APSC, and the taxable IRB, or income replacement benefit.

The Chair: Thank you.

Mr. Samson.

Mr. Darrell Samson: Thank you, all of you, for being here today. It's always nice to see you getting more specific information concerning some of the issues we're hearing about.

I will continue on my theme of access to doctors who can assess veterans in need of medical cannabis in Nova Scotia. I still do not have a list of names. I think there's another list that came the other day, but we've been going through that and our people still don't have access.

Mr. Doiron, I know you've been working on it, but I still have my issues, and as long as I have my issues, you will have my issues with you.

Mr. Michel Doiron (Assistant Deputy Minister, Service Delivery, Department of Veterans Affairs): Mr. Samson, I know as long as you have that issue, I will have the issue. I'm aware of that. We've chatted about it.

I'll follow up—I thought we had sent a list to your office. On marijuana, I'll restate what I think I've probably stated often at this table. The responsibility of giving, I hate using the term " prescription", because you do not give a prescription for marijuana —it's a script—resides with the medical doctor.

Veterans Affairs in this case is actually the payer. I won't say "only the payer", because we do oversight and we work, but we're the payer. If it's over 3 grams, they have to see a specialist. We all know there are challenges across the country, as you've heard the minister and the deputy minister talk about, associated with getting doctors in certain areas of the country to...even more so if you need a psychiatrist because of mental health issues and you want a psychiatrist to prescribe. We've had the conversations about Saskatchewan multiple times. It's not always easy.

There is a list of people out there who will help veterans to get that script. I'll make sure your office has received that. There are a couple in Nova Scotia, so I'm a little....

● (1220)

Mr. Darrell Samson: As you know, we've been having a lot of trouble with that and it's not right if other provinces or individuals have access and we don't, because this is crucial.

I have to say we have Christian, who I think is here now and he's doing a good job, so I wanted to share that. I think he's drilling deep for us and trying to find answers. That's very important for any MP. It doesn't matter who you are, it's extremely important that these individuals want to find the right answers and that they do so.

I'm still hearing about delays. There are still delays. How are we doing? I know you came last time and said that there was improvement. I know there are a lot more demands. The minister shared that as well—a 32% increase, I think, in the number of requests. Are we getting there? If not, what's the plan, and if so, what's making it different?

Mr. Michel Doiron: Thank you for the question. I knew this one was coming.

We're not making progress to the level I would like. I'll say that right up front at the table. Our incoming requests are exceeding anything we've ever seen, which is, as the minister said, good news, but it is my challenge to try to fix that, and I will admit it is daunting.

Our pending files are now around 33,000. That does not mean files that are late, by the way, but the work in progress. Depending where you work, people use different terms. We call it "pending". With that are the requests under the new programs from April 1. Our backlog is just above 10,000.

We've undertaken multiple stuff, amendments, to fix it. We will be staffing up once we get all the authorities, but as the deputy minister or the minister said—I forget which one—we've actually gone out now to do pools so that when we get the money, we hit the button and people get into the seat. Sorry, I usually use another term, but to get into the seat.

The reality is that we have to get to the fundamental basis of why there's a backlog. Numbers are one thing—

Mr. Darrell Samson: I don't want you to take too much time.

Mr. Michel Doiron: Okay, sorry.

Mr. Darrell Samson: They'll ask the question, right—

Mr. Michel Doiron: Okay, so we're working on various—

Mr. Darrell Samson: —and you can expand on that answer, I guess—

Mr. Michel Doiron: —avenues to accelerate it.

Mr. Darrell Samson: Okay, thank you. I know you'll get those questions. I don't mean to cut you off. I apologize.

I want to touch on the last one. It's important. It's the pension for life. You know, we still are trying to drill in and get a good comprehension of that.

If you already received your lump sum, which also would have included your increase in the lump sum on April 1 of the additional $50,000—depending on your percentage—can you still get on that track? How do you get on, and how does it work? Just take a basic formula because there are all kinds of categories: pain and suffering, additional pain and suffering, 90%. I don't want that. Basically, if you received your 100% lump sum, are you still able to get on, and how do you track on?

Mr. Bernard Butler: Mr. Chair, because the recurring monthly pension of pain and suffering compensation may, in fact, be worth more to a person than the lump sum was, depending on that person's age and when that person received his or her lump sum award, essentially what we will be doing is this. Come April 1, 2019, the file of every recipient of a disability award will be looked at, and there will be a simple calculation made to determine whether or not, had that veteran received the lifelong benefit, the monthly benefit, back in time when he or she received the disability award, if that recurring monthly benefit is worth more. If it is worth more, then there is a simple formula that considers the age and gender, an actuarial analysis and so on, that will determine on a go-forward basis what the difference would be, and the veteran will receive that amount for life.

The Chair: Thank you.

Mr. Johns, you have six minutes.

Mr. Bernard Butler: That's a very simple explanation.

Mr. Darrell Samson: Thanks. I appreciate it.

Mr. Gord Johns: My first question has to do with the in-patient care facilities. The minister clarified that there is no intention of creating in-patient care facilities. Has the department ever sourced out what it would cost, or done any research or developed any plans around...?

So, nothing has been planned, even though the government made these promises to veterans in 2015 during the campaign? There has been no cost analysis or plan on doing this? There's no report to the minister that has been—

● (1225)

Mr. Michel Doiron: Not on...except the cost of the Ste. Anne's Hospital. That is an in-patient facility.

Mr. Gord Johns: Yes, okay.

With regard to the education and training benefit program, the last time you were here you said that it was $22 million. Has that number changed?

RAdm Elizabeth Stuart: No, it hasn't changed.

Mr. Gord Johns: So, it's still $22 million.

RAdm Elizabeth Stuart: Yes, and the issue is that we have a system of internal controls where we assess, on a constant basis, the intake and the projected intake, and adjust as may be required.

Mr. Gord Johns: Great, because the promise was $80 million. Now it's $22 million a year.

Again, it's quite a significant reduction in what was promised. In terms of that, it would be great to get some information about the number of people who are being rejected as well. If we could get that tabled, that would be fantastic.

RAdm Elizabeth Stuart: May I add something? The education and training benefit is $133.9 million over six years.

Mr. Gord Johns: Yes, it's $22 million a year.

RAdm Elizabeth Stuart: Right. It's to provide up to $80,000 to veterans in support of post-secondary—

Mr. Gord Johns: Yes. Thanks. That's great.

To go back to the website, I talked about this earlier. Veterans Affairs Canada states right on its website that it's having "difficulty providing timely, high quality core services and benefits to Veterans and their families while simultaneously implementing several new initiatives and programs from multiple.... Budgets".

Mr. Doiron, you've identified that the backlog is not getting better. It increased by 50% from last year from February to November, up to 29,000, and now you're saying it's at 33,000.

Mr. Michel Doiron: I'd like to clarify. That's not the backlog. That is the pending.

Mr. Gord Johns: Okay. That's pending? Then the backlog has grown from 9,000 to 10,000 in terms of—

Mr. Michel Doiron: Yes. That's correct.

Mr. Gord Johns: —your targets that you've set for delivery. I think there's something to be said there about how people are finding out about the programs, but also, you're creating and offering veterans more programs. These programs are no good to anyone unless they can access them. This is the problem.

I think I've asked this question before. How did the department come up with $42.8 million over two years? Has there been an analysis of how we get this backlog to zero?

Mr. Michel Doiron: Yes. Thank you for the question. There has been analysis.

To be honest, I don't think we'll ever get the backlog to zero, because in an operational environment you always have files that—for good reasons—will be late. I just want to say—

Mr. Gord Johns: How do we get it away from growing?

Mr. Michel Doiron: How do I get it away from growing? At the moment, I'm treading water. From week to week, I'm staying at about the same number.

Mr. Gord Johns: You're not properly resourced. That's clear.

On the political side, the government is making announcements and commitments. They're not properly resourcing you and the department, and then veterans are being given these false promises. We know what happens when veterans are promised something and they don't get it. They fall through the cracks, and they get disappointed.

We're trying to help you, actually. This is what we're facing here. We want to know what the plan is. What do you need? What does the department need so that veterans aren't falling through the cracks and government can start following through with core service delivery instead of making more promises?

Mr. Michel Doiron: You will understand if I do not comment on the political side of the question.

Mr. Gord Johns: Sure.

Mr. Michel Doiron: As a bureaucrat, I'll stay away from that part.

You are correct in the sense that we have to get these files out faster. On the case management side, in the field, we're not at 25:1, but at a national level we are running at approximately 33. With the additional money, this will bring us, if not to the 25:1, to below the 30:1 into a comfortable zone.

Mr. Gord Johns: If we were at staffing levels going back to 2012, would we be at 25:1?

Mr. Michel Doiron: No, we would not.

Mr. Gord Johns: Okay. We need more than that: we're so far off the mark in terms of resourcing the department with the adequate amount of staff to meet veterans' needs for the core service delivery, never mind all of these new programs that have been announced. Would that be accurate?

Mr. Michel Doiron: I think that with the additional 460 staff, and the addition of the new funds, we're going to be close, but I think what we have to do is add automation. That is something we're now working on with the government—

Mr. Gord Johns: I appreciate that.

Mr. Michel Doiron—in order to bring in the automation, because we can't continue doing the stuff the same way with these numbers. Now we have to maximize the use of artificial intelligence and better systems. We've done it with the new programs, so we have to—

Mr. Gord Johns: I think we agree on the innovation. It's a way to go, too, but we also need to make sure you're adequately resourced.

It's the same argument about service delivery for PTSD. Innovation alone isn't going to do it. Veterans are asking for in-patient care facilities specific to their needs. They will travel from Halifax to Saskatoon if a facility is there. They're asking for this, wherever it is. They're willing to travel. They need these facilities. This is something that was promised to them, and they need it. I know that the minister has his argument that it's going to be fine in the types of ways that you're going to do outreach to veterans, but clearly some of those veterans are falling through the cracks. They need facilities.

In terms of the caregiver recognition benefit, we're hearing a lot of complaints and concerns that many of the caregivers are getting rejected, especially those who have spouses suffering from PTSD. Can you explain why that's happening?

● (1230)

Mr. Michel Doiron: Thank you for the question.

I think I'll clarify. On the numbers we've received to date on the caregiver relief program, not a lot have been rejected. I just want to be clear on that—

Mr. Gord Johns: I have one last question on the—

The Chair: You're out of time. I'm sorry.

Mr. Bratina.

Mr. Bob Bratina: Thank you.

Could we look at it year to year? We keep hearing about the backlog, which has been increasing because there's more awareness and there are more programs. How many are we actually serving? What's that number?

Mr. Michel Doiron: Our number of clients is going up. The number of claims coming in for services is going up, and we have been doing the numbers year to year. As an example, we've seen from last year to this year close to a 22% increase in incoming first applications, which is where the biggest part of the backlog is. That's somebody who has never come to the department and who is now showing up for help. That's not everything. If I add everything in the lump, the increase is 32% in the adjudication area.

We've done a lot of analysis in trying to get to where the issue is. Right now we're targeting first applications because that's my biggest increase. It's 7% in departmental reviews, and various other numbers increase, but at 22%.... I do want to be clear that we have increased production by 25%.

Mr. Bob Bratina: That's what I'm getting at, yes.

Mr. Michel Doiron: But the reality is that the incoming applications are out-pacing production.

Now we're into working with my colleagues in policy and in finance to determine whether there are other ways we can tackle this to make it easier for the veteran, to simplify and accelerate the process. There are some systemic issues related to this when you talk about the backlog.

As an example, it takes us on average close to three months—I'll be careful with the number of days—to receive files from the Canadian Armed Forces, and that's 25% of my workload. I'm not faulting my colleagues or my partners because they actually have to go and get the files from the bases and get them to us, and I have four months in total to process a file and the medical records, that means I now I have one month left to process. The four months to process this, to make sure that we have all the information, falls to one month.

With the Canadian Armed Forces, we're looking at ways to accelerate the electronic file, the medical file. Are there things we can stop asking for to actually accelerate it? If I don't need the file, let's not ask for the file, which means I just saved three months.

That's what I mean when I say we have to get beyond just asking for resources. I'm a public servant, and I'm here to serve the government—all governments—and Canadians. At the end of the day, that's what I do. I serve Canadians. Okay, we have money. We have amounts. How do I now get to meeting program obligations within what the Government of Canada has decided to give us? That means looking at removing the bureaucratic barriers, the 40-page forms that doctors don't like to fill out, and there are some forms.

The psych form went from 16 pages down to six. Now you would say that it's still too much, and my deputy is challenging me to get it to one page, but we actually need a diagnosis, and we need information because it is a disability program. It's not as if you can just show up and we're going to give you money; there are criteria in the law, and this committee is very well versed on that because you've worked on it.

We are working at the other matters, not just adding people. To your point, yes, adding people is important, but how do we get to the processes and eliminate and become way more lean, not necessarily the lean methodology but leaner in our processes.

Mr. Bob Bratina: Going back to my municipal days, when we got an agency budget, the most fascinating line was always "other". In transfer payments to persons you have "other", $29,406,000. What would be the other uses or the expenditures on that file, on that line item?

● (1235)

RAdm Elizabeth Stuart: I'm sorry, what page are you on, please?

Mr. Bob Bratina: You have transfers to persons, pensions and benefits, disability awards, veterans independence program, earnings loss benefit, and other transfers to persons.

RAdm Elizabeth Stuart: Oh, there is a plethora of transfers, grants, and contributions to persons. I have an entire list. I will be happy to provide it.

Mr. Bob Bratina: Okay. It's just for my curiosity.

RAdm Elizabeth Stuart: It will be my pleasure.

Mr. Bob Bratina: On personnel costs—$236,623,904—how many personnel is that divided by?

RAdm Elizabeth Stuart: There are different ways to measure personnel. PSPC has full-time equivalents. Then we have the salary-wage envelope, but to answer your question, in short, we have approximately 2,750 full-time equivalents in the department, representing that amount of salary that has been approved. I would add that salary accounts for 76% of our entire operating budget.

Mr. Bob Bratina: What would that be on a year-to-year basis? Last year, five years...? Can you give me a sense of how that's growing?

RAdm Elizabeth Stuart: Well, with approved Treasury Board submissions, we have had increases in staff, most notably on the front lines, as we've been discussing. I think the important thing to note in Veterans Affairs Canada is that just under 94% of the entire allocation is spent on benefits and services that go directly to veterans and their families. The remainder is the operating budget. Included in that is a special purpose allotment called "other health purchase services". That pays for a number of things such as dental implants, treatments for veterans, and all kinds of things. Then there is a small portion that is about a $270 million baseline, of which 76% is for personnel, and the remainder is for operating.

The Chair: Mr. Eyolfson, you have six minutes.

Mr. Doug Eyolfson: Thank you all for coming again.

From what I understand—and again, there may be some repetition, given how many questions have been asked over the last couple of hours—Veterans Affairs anticipates that approximately 500 people will receive the caregiver recognition benefit in 2018-19, with a total expenditure of approximately $6.5 million.

Is it anticipated that the number of people receiving this benefit will remain stable? Is there any expectation whether this will increase or decrease?

Mr. Michel Doiron: We believe it's going to be pretty stable. There's always some fluctuation, but it will remain relatively stable.

Mr. Doug Eyolfson: Okay. Thank you.

Is this $1,000 per month for the caregivers indexed to the income of the caregiver?

RAdm Elizabeth Stuart: It indexed to the CPI.

Mr. Doug Eyolfson: All right. Thank you.

Now, with regard to the level of impairment, when a caregiver is caring for a veteran, does the veteran have to be totally and/or permanently incapacitated, or can there be various levels of disability of the veteran for which the caregiver will receive this benefit?

Mr. Michel Doiron: Yes. I'll be a little bit technical on this one.

Mr. Doug Eyolfson: Sure.

Mr. Darrell Samson: That's good. We like that.

Mr. Michel Doiron: Yes.

When we do the caregiver benefit, we use the instrument of activities of daily living. Can the veteran wash? Can the veteran dress? We're talking about critically injured veterans. If they have a hard time dressing or if they have a hard time brushing their teeth—these are examples used—it's more complex than that, but those are part of the criteria to determine whether a veteran is eligible for the caregiver relief benefit.

That's the item we use to determine that. It's on our website, if you want to see all the stuff. It's actually very well indicated. The activities of daily living is the basis of determination.

Mr. Doug Eyolfson: Okay. Thank you.

RAdm Elizabeth Stuart: May I make a correction? You asked the question about the caregiver recognition benefit. It's a tax-free benefit of $1,000 a month, which goes directly to the caregiver, and is indexed annually to keep pace with inflation. My apologies—

Mr. Doug Eyolfson: For inflation.

● (1240)

RAdm Elizabeth Stuart: —not consumer price index.

Mr. Doug Eyolfson: Okay. Thank you.

Mr. Darrell Samson: Which one is better for the individual?

Voices: Oh, oh!

Mr. Doug Eyolfson: All right. Thank you.

When we did our study on transition, we heard of the importance of peer support and whether the veterans have positive experiences with the OSISS. Are you able to expand on any other initiatives that will be supported through Veterans Affairs?

Mr. Michel Doiron: Yes. We are working very closely with the Canadian Armed Forces. I believe General Misener was here presenting on some of the initiatives. My team is working hand in hand with them to add more people right on the front line—JPSUs or whatever the new terminology may be—when they're all finished the review, to help people during transition and to actually be in the trenches with our colleagues of the Canadian Armed Forces. Actually, as the result of a report from this committee, we now have authority to work, as I call it, upstream. Before, we could only start working with the veteran when they became a veteran. Now, we can actually start working with them when they're in—

There is a whole series of programs—and I won't get into those details—like military family resource centres, where we've added resources, which will help in the career transition program that people are taking now. They are all things to help and additional programs help them. We're really focusing and now, we're talking to government about these new programs. We're working hand in hand with the Canadian Armed Forces, during transition to make sure there's no duplication, that we work closely together, but that we try to address the people falling through the cracks.

Mr. Doug Eyolfson: All right. Thank you very much.

The Chair: We'll have an awkward pause and then we'll go to Mr. Kitchen for six minutes.

Mr. Robert Kitchen: Hopefully some of these questions will be answered fairly quickly, as I have a number to ask.

Can you tell us how many caregivers, under the old benefit, haven't yet applied for the new caregiver benefit?

Mr. Michel Doiron: That have not applied for the benefit? Actually, it's automatic that they're in.

There were 362 under the old benefit on March 31, to be exact. Right now, 244 have automatically transitioned. We are now reaching out to the other ones as to why they have not provided us the information, because they are eligible.

Mr. Robert Kitchen: How many, who were previously funded, no longer qualify for the new caregiver benefit?

Mr. Michel Doiron: There may be 26, to my knowledge.

Mr. Robert Kitchen: Okay.

When we were travelling this past week, we heard from a veteran who said that she had two claims pending, and she was told that her requests are being held until April 2019 because she will receive more money once it's processed after April 2019.

How much of that current backlog is due to this decision, due to the delay, and how will this impact the current budget?

Mr. Michel Doiron: None of the backlog should be related to what you told me. If you wouldn't mind giving me the name of that person, I'll follow up, because it sounds like something very specific.

If they're applying for an injury or any one of our programs that are in existence today, they should not be told to wait until 2019. Somebody may be counselling them, saying that there may be more benefits under the new...but that should not be. Sometimes some of those recommendations do not come from Veterans Affairs staff, so we do have to be careful. If you have more information, I'm willing to take it offline.

Mr. Robert Kitchen: Sure. Thank you.

Now I'm going to go to some of the numbers. I had asked the minister earlier, when he talked about the centre of excellence, and there was a huge announcement of $17.5 million over four years for the centre of excellence.

I'm just asking you to clarify this, because within the budget and within the numbers, it's basically referencing only half a million dollars. Can you explain that to me? I'm not an accountant; I have a basic understanding of line items.

Mr. Michel Doiron: This year it is setting up the centre. We estimate that the needs and obligations of the centre will be in the realm of $500,000. Therefore, the line object this year is $500,000. That means helping the Royal set up the board of directors, and putting the right mechanisms in place, etc.

Next year, we—I say "we"; it's not me, it's the centre—are going to bring in the staff, giving out the research grants, and all of the management things. That's when the money will increase. The first four years are really the set up, and then it's an ongoing amount. That's why the first year is really a little bit more select.

● (1245)

The Chair: You're at three minutes.

RAdm Elizabeth Stuart: I will add that there will be $9.2 million, ongoing.

Mr. Robert Kitchen: Pardon me?

RAdm Elizabeth Stuart: There is $9.2 million for ongoing expenses.

Mr. Robert Kitchen: Is that in this budget, or for future?

RAdm Elizabeth Stuart: Budget 2017 proposed an investment of "$17.5 million over four years, starting in 2018-19, and $9.2 million per year ongoing".

Mr. Robert Kitchen: Okay. Thank you.

The minister has talked to us about advertising, especially to rural Canada and to rural parts. Can you point out to me where in the budget those figures are, and how much that would be?

RAdm Elizabeth Stuart: There are two aspects. The main issue that has to do with advertising is an annual submission that goes in that is centrally managed. The advertising amounts are included for the federal government. Each department has an amount, and we report on expenditures as well.

More specifically, not quite advertising, but the outreach—I think it was mentioned earlier—in budget 2017 was $22.4 million over three years starting in 2017-18 for an "outreach strategy to ensure" that veterans and families "are informed of the range of supports available to them."

Mr. Robert Kitchen: You have $22 million, basically, to put forward for advertising.

RAdm Elizabeth Stuart: It's for outreach.

Mr. Robert Kitchen: Okay.

My next question for you, then is—and I hate to throw you under the bus, Mr. Doiron— why would you be sending out letters to newspapers in rural Canada, asking them to publish them as a letter to the editor, instead of advertising the services you provide for our veterans in rural Canada?

I'm happy to give you the copy of this once you're done.

Mr. Michel Doiron: I'd like to see it because I don't remember sending that out. It could have been something that maybe my colleague, the ADM, has more information on.

Mr. Robert Kitchen: These rural papers are your supporters. They're there to help you. You have a budget and yet you're not utilizing them to provide the service for you. You're asking them to do it for free. They can't sustain it, because these people in rural areas don't have the technology for Twitter, etc. They don't have the lines.

Ms. Charlotte Bastien (Acting Assistant Deputy Minister, Strategic Oversight and Communications, Department of Veterans Affairs): I take note of your comments, and I will take them back.

I just want to point out that we have been working on an outreach strategy. There is an advertising part of it, but we also use social media, and we also work with our local partners and folks on the ground to get the word out to organizations that help and reach out to veterans. The strategy is not just focused on advertising or relying on the local media available. It's a much more extensive, exhaustive strategy.

Mr. Robert Kitchen: Can I have one quick question—

The Chair: Mr. Brassard, you have 30 seconds.

Mr. John Brassard: Thank you.

Finance department officials have calculated what a carbon tax is going to cost the average Canadian family. They have not shared that information with Parliament; in fact it's been redacted.

My question for you is this. Have you been involved in any discussions with the finance department to understand what impact a carbon tax is going to have on veterans and their families? If so, do you know what that number is?

RAdm Elizabeth Stuart: To the very best of my knowledge, no.

Mr. John Brassard: Okay.

Thank you.

The Chair: Ms. Lambropoulos and Mr. Fraser, I think you're splitting the time?

Mr. Colin Fraser: I think I'll go ahead. Thanks, Mr. Chair.

Thank you all for being here.

I asked a question of Minister O'Regan regarding the million-dollar veterans emergency fund. That's part of these estimates. I'm wondering if you can explain to me exactly how you envision the fund working and who would make the decision of when that money can be utilized to help a veteran in crisis.

Mr. Michel Doiron: This is probably the one that I'm, believe it or not, the most excited about. That is the area where I always felt we didn't have the penetration that we should have. I have had to go in front of the media and everything else in the last couple of years to say that we have 23 funds; one may be depleted, but we're trying to work, as the minister described.

On this one, $1 million a year will go a long way to help our veterans who are homeless or maybe not so homeless sometimes but perhaps couch surfing. They're not all on the street, when we say "homeless".

It is determined by our field operation people. There is an app. You can use it, or walk into one of our offices.

After hours, we set up a whole system. We have a 1-800 line associated with Health Canada, where veterans can call 24 hours a day, seven days a week, to get services. Now, as part of that call, if a call comes in that somebody has an emergency, they need whatever, whether it is at three o'clock in the morning or on Sunday, the Health Canada people have been trained, and they now will refer the call. We have people at the end of another phone. It's seamless for the veteran, by the way; the call is transferred to a front-line worker who will ask "What is your emergency?".

I'm pleased to report that we've had none of those calls after hours or on the weekend. We're going to reassess if that's working after six months.

The local office, the case manager, or the veterans service agent will make the determination whether this is a genuine emergency.

I will be honest; we've had people who have tested the system in the three months. You know, they want to get their roof fixed. Well if you're on ELB at 90% and you're bringing in a fair amount of money, your roof may be broken but it doesn't necessarily mean it's an emergency. It may be an emergency for you.

I live on the coast, and every once in a while the wind rips a couple of shingles off my house, but it doesn't mean that it's an emergency.

If they can't pay their electrical bill and they're going to be expropriated on a Friday night, that's an emergency. We do what we can to make sure they don't land on the street. The front-line staff are doing that. We've worked with our finance colleagues to have a way to pay immediately. We're also working with the plethora of associations out there that work in the realm of homelessness and people at risk, to be able to get these people a shelter, a hotel room, a meal, whatever.

It's only been three months. We're still learning. We may have to tweak some stuff. I'll be honest that, with these types of programs, you always....

As of now, we have received 183 requests for the veterans emergency fund. I thought that 100 was favourable.

● (1250)

Mr. Colin Fraser: When you say you've received requests, I assume that if a case manager is dealing with a situation and sees an opportunity to use the emergency fund, then the person doesn't have to ask for it.

Mr. Michel Doiron: They don't have to ask for it.

The case manager—we call them the VSA, the veteran service agent—can say, "You know what; we need to go there." Before, it used to go to these bequest funds.

Mr. Colin Fraser: Yes.

Mr. Michel Doiron: Now they have a fund they can go to. Often what it allows us to do is to put somebody in their hotel room while we determine what their actually eligibility is for our other programs. Is there a service-related injury or not? This one, I think, is real.

Mr. Colin Fraser: Those bequest funds are still there and available.

Mr. Michel Doiron: Absolutely.

Mr. Colin Fraser: This is just to offer some flexibility to Veterans Affairs to deal with cases that may take too long to go through that method.

Mr. Michel Doiron: Yes.

RAdm Elizabeth Stuart: Sometimes we are not able to use the bequest funds because they have very specific conditions for their application.

Mr. Colin Fraser: Thank you.

I want to turn to the caregiver recognition benefit. I know this is a very important measure that will help a lot of veterans, their families, and spouses taking care of veterans. That's $1,000 a month, tax-free. Do you see the number of people receiving that benefit being pretty stable over time, or do you think it will be increasing or decreasing? If so, what would be the reason for that?

Mr. Michel Doiron: It's hard to predict. I suspect it's going to go up, but don't ask me to what extent. I just think that once it gets better known and the program is out there, we'll see a bit of a bump-up. I don't think it will be a huge bump-up as long as the program remains as it is. I think it will be a result of increased awareness.

Mr. Colin Fraser: What's the uptake so far?

Mr. Michel Doiron: Up to now, I have had 271 applications, and as I mentioned earlier, we're waiting for all the 362 who were on the program to come in, so we're reaching out to those individuals. There were 244 from the old program, so we're talking about approximately another 25 new people who have applied.

Mr. Colin Fraser: I know the minister talked earlier about being proactive in ensuring that veterans and their families are aware of the services and benefits provided to them. What about the caregiver recognition benefit? What's the department doing to make sure people who could qualify are aware that it's there?

Mr. Michel Doiron: Notwithstanding all the outreach and communication we've done on the program, we send out some correspondence to all the veterans who were on what used to be the family caregiver relief benefit and tell them to contact us. Right now, because there are outliers and we're trying to figure out who they are, we're looking at contacting them by phone.

● (1255)

Mr. Colin Fraser: That would be great. Thank you.

The Chair: Thank you.

That ends our time for committee questions.

We now have to vote.

Pursuant to Standing Order 81(4), the committee will now dispose of the main estimates for the fiscal year ending March 31, 2019, minus the interim estimates the House agreed to on March 22, 2018.

DEPARTMENT OF VETERANS AFFAIRS

Vote 1—Operating expenditures.....$1,036,044,570

Vote 5—Grants and acquisitions.....$3,327,017,000

(Votes 1 and 5 agreed to)

VETERANS REVIEW AND APPEAL BOARD

Vote 1—Program expenditures.....$9,584,154

(Vote 1 agreed to)

The Chair: Shall I report the votes to the House?

Some hon. members: Agreed.

The Chair: On behalf of the committee, I would like to thank all of you for appearing today, for taking time out of your day, and for all the work you do for veterans. I know there were some questions asked that you might get back to our clerk about.

May I have a motion to adjourn?

Mr. Darrell Samson: So moved.

(Motion agreed to)

The Chair: The meeting is adjourned.

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